Workshop Participant Application
MILITARY FAMILY ACTION PLAN COMMUNITY CONFERENCE
Caring For People
Joint Base McGuire-Dix-Lakehurst   6 May 2015

Email LISA.WILLIAMS.22@US.AF.mil

Workshop Participant Information

Salutation: ☐ Mr.   ☐ Mrs. ☐ Ms. ☐ Miss   Rank (or rank of sponsor): _____
Last Name: _____   First Name: _____ MI: _____
Home Address: _____
City: _____   State: _____   Zip Code: _____
Primary Email: _____   Alternate Email: _____
Home Phone: _____   Work Phone: _____
Cell Phone: _____

Unit: _____
Unit Address: _____

Rank your top 4 working group preferences for the conference, #1 being your first choice and #4 being your last choice- accommodations will be made to try and meet preferences

Medical/Dental _____   Transportation & Employment _____   Family Support & Youth _____
Force Support _____   Facilities & Customer Service ____   Transition & Relocation _____
Benefits & Entitlements ____   Education & Consumer Services ____   Housing _____

Working groups have not been formed so some groups may be adjusted

Demographics

Check all that apply- I am ...

☐ Army   ☐ Navy
☐ Air Force   ☐ Marines
☐ Coast Guard   ☐ Female
☐ Male   ☐ Single
☐ Married   ☐ Single Service Member
☐ Active Duty (AD) Military   ☐ Spouse of AD Military
☐ Mobilized/Activated Reserve Service Member   ☐ Spouse of Mobilized/Activated Reserve Member
☐ Reserve Service Member   ☐ Spouse of Reserve Service Member
☐ Mobilized/Activated National Guard Service Member ☐ Spouse of Mobilized/Activated National Guard
☐ National Guard Member   ☐ Spouse of National Guard Member
☐ Retired Military   ☐ Spouse of Retired Military
☐ Civilian Employee   ☐ Spouse of Civilian Employee
☐ Dual Military   ☐ Single Parent
☐ Other (Please specify) _____

Previous MFAP Experience

I have previous MFAP experience at the installation level   ☐ Yes   ☐ No
If yes, in what role?   ☐ Delegate   ☐ Facilitator   ☐ Recorder   ☐ Transcriber   ☐ Issue Support
Name of Installation: _____   Year(s): _____

Higher level conference(s):   ☐ Yes   ☐ No   Conference: _____ Year(s): _____
I am a registered volunteer on the Installation: ☐ Yes   ☐ No